

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5		5		1		
6						
7		1		1		
8						
9						
10		1		1		
11		1		1		
12		1		1		
13	4		1			
14	4		1			
15	5		1			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	10	←	10	←	10
TOTAL CLAIMS		11		11		11

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	10	←	10	←	10
TOTAL CLAIMS		11		11		11